

# PRETRIAL MEMO

JD-ES-47 Rev. 12-99  
P.B. §§ 14-13, 14-14  
www.jud.state.ct.us

## INSTRUCTIONS

*Each party claiming damages or that party's attorney shall complete Part I below and at the commencement of the pretrial session give a copy to the judge or judge trial referee and to each other party. Attach additional sheets if necessary.*

COURT USE ONLY

PRETMEM



DOCKET NUMBER

DATE

**NOTICE:** This memo is intended for pretrial purposes only and shall not be construed as an admission against any party.

## PART I (To be completed by attorney/pro se party)

PLAINTIFF		DEFENDANT #1	DEFENDANT'S TRIAL COUNSEL	PHONE NO.
PLAINTIFF'S TRIAL COUNSEL	PHONE NO.	DEFENDANT #2	DEFENDANT'S TRIAL COUNSEL	PHONE NO.
INTERVENING TRIAL COUNSEL	PHONE NO.	DEFENDANT #3	DEFENDANT'S TRIAL COUNSEL	PHONE NO.
RETURN DATE	DATE CERT. OF CLOSED PLEADINGS FILED	TYPE OF CLAIM		TRIAL DATE
HAVE YOU DISCUSSED APPROPRIATE A.D.R. WITH YOUR CLIENT?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	DOES YOUR CLIENT HAVE ANY OBJECTION TO A REFERRAL TO NON-BINDING A.D.R.?

<b>CLAIM</b> <i>(e.g. Accident)</i>	DATE AND TIME OF ACCIDENT <i>(if applicable)</i>		
	<hr/> <hr/> <hr/> <hr/>		
<b>INTERVENOR'S CLAIM</b>			
<b>DAMAGES OR DEMAND</b> <i>(e.g. Injuries)</i>	NATURE OF DAMAGES OR DEMAND		
	<hr/> <hr/> <hr/> <hr/>		
<b>IF APPLICABLE</b>	LAST MEDICAL EXAM	PERMANENCY OF INJURIES/LIFE EXPECTANCY	AGE OF PARTY
<b>SPECIALS</b>	REASON	COST	EXPLANATION
	1. Doctor(s)		
	2. Hospital(s)		
	3. Subtotal <i>(Add 1 &amp; 2)</i>		
	4. Future Medical		
	5. Wages	LOST WAGES	
		FUTURE CAPACITY	
	6. OTHER <i>(Prop. Dam., etc.)</i>		
	7. TOTAL		Copies of all medical bills and reports have been furnished to the Defendant(s)

YES       NO

**CLAIMS OF LAW**  
*(Include all anticipated evidentiary and procedural problems)*

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IS DISCOVERY COMPLETE?  YES  NO, IF NO, EXPLAIN:

NAME OF PREPARER	TELEPHONE NO.	ATTORNEY FOR ( <i>Name of party represented</i> )
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**PART II (To be completed by judge or judge trial referee)**

COMP. NEGLIG. %	LIABILITY	<input type="checkbox"/> GOOD	<input type="checkbox"/> FAIR	<input type="checkbox"/> POOR	
DEMAND _____		CHANCE OF SETTLEMENT		PLAINTIFF TO REPORT TO JUDGE OR JUDGE TRIAL REFEREE BY: _____	
OFFER _____		<input type="checkbox"/> GOOD		<input type="checkbox"/> FAIR	
COURT VALUE _____		<input type="checkbox"/> FAIR		<input type="checkbox"/> POOR	
EST. LENGTH OF TRIAL	JURY SELECTION	EVIDENCE		DEFENDANT TO REPORT TO JUDGE OR JUDGE TRIAL REFEREE BY: _____	
PLEADINGS AND EXHIBITS	STATUS OF PLEADINGS				
	EXHIBITS STIPULATED UPON				

**OTHER COMMENTS - DEFENDANT'S CLAIMS OF LAW, ETC.**

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**RESULTS OF PRETRIAL**

<input type="checkbox"/> SETTLED	<input type="checkbox"/> STIPULATED JUDGMENT	<input type="checkbox"/> W/DRAWN	<input type="checkbox"/> NONSUIT/DEFAULT PURSUANT TO P.B. 251	<input type="checkbox"/> CONTINUED TO	<input type="checkbox"/> SPECIFY DATE OR NO. OF WEEKS
<input type="checkbox"/> OTHER: _____					

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SIGNED (*Judge/Judge Trial*

DATE \_\_\_\_\_